

**TACTICAL RESPONSE REPORT/Chicago Police Department**

MEMBER INVOLVED <input type="checkbox"/> DNA	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE	4. BEAM/OC/CDR				
	23-JAN-2012	04:55:00					280	0713				
	5. POSITION	6. LAST NAME	7. FIRST NAME	8. STAR NO.	9. SEX	10. RACE CODE	11. AGE	12. HT.	13. WT.			
	9161	RODRIGUEZ	JOE R	5099	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	S	505	0713	5'10	180		
	14. DATE OF APPT.	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?						
	30-APR-2007		007 0702	<input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						
	20. LAST NAME	21. FIRST NAME	22. M.I.	23. SEX	24. RACE	25. D.O.B.	26. HT.	27. WT.				
					BLK		5'10	180				
	28. ADDRESS	CHICAGO, IL	29. TELEPHONE NO.	30. WAS SUBJECT ARMED?	31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?						
	60621			<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						
33. WHERE WAS MEDICAL TREATMENT OBTAINED?		34. BY WHOM?	35. CONDITION	36. CHARGES PLACED	37. CRIMINAL IR NO.	38. DNA						
			<input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Hospitalized <input type="checkbox"/> 03 Not Hospitalized	625 ILCS 5.0/1BB-103,392.14, 9-40-140, 9-40-130, 9-24-010(B), 625 ILCS 5.0/11-5		CNA	IR NO.	DNA				
REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	SUBJECT'S ACTIONS		ASSAULT/BATTERY		ASSAULT/GRAVE FORCE							
	DID NOT FOLLOW VERBAL DIRECTION	<input checked="" type="checkbox"/>	PULLED AWAY	<input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input type="checkbox"/>		
	STIFFENED (DEAD WEIGHT)	<input checked="" type="checkbox"/>	OTHER _____		OTHER _____		ATTACK WITHOUT WEAPON	<input type="checkbox"/>	WEAPON	<input type="checkbox"/>		
	OTHER _____						OTHER _____		OTHER _____			
	MEMBER'S RESPONSE		OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input type="checkbox"/>		
	MEMBER PRESENCE	<input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>	OTHER _____			
	VERBAL COMMANDS	<input checked="" type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>				
	ESCORT HOLDS	<input checked="" type="checkbox"/>	CANINE	<input type="checkbox"/>								
	WRISTLOCK	<input type="checkbox"/>	TASER (Probe Discharge)	<input type="checkbox"/>								
	ARMBAR	<input checked="" type="checkbox"/>	TASER (Contact Skin)	<input type="checkbox"/>								
PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Laser Targeted)	<input type="checkbox"/>									
CONTROL INSTRUMENT	<input type="checkbox"/>	TASER (Spark Discharge)	<input type="checkbox"/>									
OC/CHEMICAL WEAPON W/AUTHORIZATION	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____								
OTHER _____												
39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION								
POSITION		STAR NO.	UNIT									
41. WEAPON TYPE	04 SEMI-AUTO PISTOL	42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS	01 Daylight	44. WEATHER CONDITIONS							
01 REVOLVER	05 CHEMICAL WEAPON	<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial	<input checked="" type="checkbox"/> 06 Good Artificial	CLEAR							
02 RIFLE	06 TASER (Probe Discharge)	45. MAKER/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE							
03 SHOTGUN	07 OTHER											
49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.								
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL NO. OF SHOTS MEMBER FIRED								
59. WHO FIRED FIRST SHOT	03 OTHER (Specify) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO OF CATCHORDS/SHOT SHELLS RELOADED <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	62. HOW WAS MEMBERS HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO							
63. HOW WAS MEMBERS HANDGUN DRAWN	03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	66. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)	67. TO EVENT NO. <input type="checkbox"/>							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON	01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <input type="checkbox"/>	69. CASE INFO.	70. SIGNATURE	71. SIGNATURE	72. SIGNATURE							
73. NOTIFICATIONS (OC OR TASER INCIDENT):	01 OEMC <input type="checkbox"/> 02 DESK SGT.& W.C./DIST. OF OCCUR.	74. REVIEWING SUPERVISOR (First Name) DELAO, EDWARD A	STAR NO. 1946	SIGNATURE	DATE REVIEWED 23-JAN-2012 07:50:43	TIME						
75. NOTIFICATIONS (FIREARM INCIDENT):	01 OEMC <input type="checkbox"/> 02 DESK SGT.& W.C./DIST. OF OCCUR. <input type="checkbox"/> 03 OP COMMAND <input type="checkbox"/> 04 DET. DIV.											
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.												
76. REVIEWING SUPERVISOR (Last Name) RODRIGUEZ, JOE R												
77. DATE REVIEWED 23-JAN-2012 07:50:43												

### WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE	<input type="checkbox"/> DNA	<input checked="" type="checkbox"/> REFUSED	<input type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
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**76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING**

Member's actions were reasonable under the circumstances and within the use of force guidelines.

**77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:**

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRN# \_\_\_\_\_ OBTAINED

**78. WATCH COMMANDER/OCIC (Print Name)**  
**GIGLIO, ROBERT S**

SIGNATURE



DATE COMPLETED TIME  
**23-JAN-2012 10:24:59**

**79. DISTRIBUTION OF ORIGINAL TRR:**

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	80. TOTAL TRR's THIS EVENT No.
CASE REPORT	OFFICER BATTERY REPORT	<input type="checkbox"/> CP INITIATION REPORT	4
ARREST REPORT	TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		